CCL 408 3/2003

Kansas Department of Health and Environment

Bureau of Child Care Licensing and Regulation 1000 SW Jackson * Suite 200 Topeka, Kansas 66612-1274 Telephone (785) 368-7015 Fax (785) 296-7025 Website: www.kdhe.state.ks.us/kidsnet/



REQUEST FOR FAMILY FOSTER HOME EXCEPTION

Comments:						
KDHE Administrat	or Response:	Approve	Disapp	Disapprove		
Sponsoring CPA			Address	City	Zip	County
Signature of CPA So	cial Worker		Telephone Number	Fax Number	E-mail	Address
This request has	been completed by	y the Child Placing Agency :	social worker and is bein	g submitted at the reque	est of the foster p	arents.
Telephone Numbe	er	Fax Number	E-mail Address			Date
Name of Family	rostei nome jas o	on license] License Number	Address	City	Zip	County
and related child bedrooms and than what has a needs? (Describ	dren) in the home location and size already been appr e). Describe any o	ense capacity, please inclu and those to be placed. Ir of windows, and indicate roved is planned, please i unresolved complaints or ir	nclude a floor plan and on the if adequate beds and conclude the description investigations for this factions.	designate where each pribs are available. If th 1. Do any children to be	person will sleep e use of a type of or in placement	, the size o of bed other have speci
will you assure	the health, safet	y and well-being of child	Iren in care? Use sepa	rate page if needed]	exception is gra	intea, now
		and age range _ w this exception request			evcention is are	inted how
I/we request an	exception to K.A.F	R. #	* Exception is neede	ed from (Date)	until (Date)	
	the following and	return to Kansas Depart	ment of Health and En	vironment, fax if reque	est is urgent.	
Please complete	the following and					

If the exception is for increase in capacity, it is valid through the approval date or until any child leaves care, whichever occurs sooner.

Note: Foster Home is to retain this form in their licensure file on the premises